



Washington County Land Use Department  
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SHADED AREA FOR STAFF ONLY

INTAKE STAMP

## APPLICATION FORM

### PROJECT NAME:

#### Application Deadline - 1<sup>st</sup> Tuesday of the month

- ☐ CONDITIONAL USE PERMIT
- ☐ NONCONFORMING USE
- ☐ VARIANCE
- ☐ APPEAL
- ☐ LOT LINE ADJUSTMENT
- ☐ ROAD DEDICATION
- ☐ SITE PLAN REVIEW

#### Application Deadline 14 days preceding meeting - 2<sup>nd</sup> Tuesday of the month

- ☐ ZONE CHANGE
- ☐ GENERAL PLAN AMENDMENT
- ☐ AMENDED PLAT
- ☐ PRELIMINARY PLAT APPROVAL
- ☐ FINAL PLAT APPROVAL
- ☐ OTHER

LOCATION(S) - STREET ADDRESS(ES)

SUBDIVISION NAME

LOT(S)	BLOCK(S)	SECTION(S)	TOWNSHIP(S)	RANGE(S)
AREA IN ACRES	EXISTING ZONING	EXISTING USE	NUMBER OF PROPOSED LOTS	
PROPOSED WATER SUPPLY		PROPOSED SEWAGE DISPOSAL METHOD		

### APPLICANTS

APPLICANT/PROPERTY OWNER				EMAIL ADDRESS	
STREET ADDRESS					
CITY	STATE	ZIP CODE	PHONE #	FAX #	
APPLICANT/PROPERTY OWNER				STREET ADDRESS	
CITY	STATE	ZIP CODE	PHONE #	FAX #	
AGENT/CONSULTANT				EMAIL ADDRESS	
STREET ADDRESS					
CITY	STATE	ZIP CODE	PHONE #	FAX #	
AGENT/CONSULTANT				EMAIL ADDRESS	
CITY	STATE	ZIP CODE	PHONE #	FAX#	

### CERTIFICATION

I certify that I am signing this Application Form as an owner of record to the property included in the Application. I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. I understand that all materials required by Washington County must be submitted prior to having this matter processed. I understand that public hearings or meetings may be required. I understand that I must sign an agreement of Payment for Application processing fees and additional fees or materials may be required as a result of considerations which may arise in the processing of this docket. I understand that I am consenting to allow the County Staff involved in this application or their designees to enter onto and inspect the subject property at any reasonable time, without obtaining any prior consent.

**All Landowners are required to sign application. If additional space is needed attach additional sheet signed and dated.**

Signature:

Date: